



# DELHI TECHNOLOGICAL UNIVERSITY

(Formerly Delhi College of Engineering)  
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File No. DTU/GA/109/2024-25/1509 / 201-05

Dated: 22.04.2025

## CIRCULAR

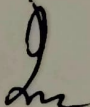
**Subject: Submission of Monthly Basic Facilities Reimbursement Hospitality Bills - regarding**

It has been observed that reimbursement claims for monthly Basic Facilities Hospitality Bills are being submitted with multiple bills without mentioning the months, claim period, bill number, date, and total amount. This practice has led to delays and administrative difficulties in processing claims efficiently, as well as the risk of bills being misplaced. To streamline the reimbursement process and ensure proper documentation, it has been decided to introduce a **Standardized Reimbursement Form**. All eligible officers shall submit their claims in the prescribed format, duly filled with all necessary details including:

- Period/Month of the claim
- Bill Number
- Bill Date
- Amount
- Total claim for the month

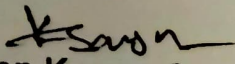
The eligible officers must ensure that all monthly reimbursement claims for Basic Facilities for hospitality bills are submitted **by the 10th of the following month**, using the standardized form only.

The specimen Monthly Basic Facilities Reimbursement Hospitality Form is enclosed herewith.

  
(Prof. Madhusudan Singh)  
Registrar, DTU

Copy to:-

1. PA to VC, DTU : For kind information of Hon'ble Vice Chancellor of DTU, please.
2. All Dean.
3. All HODs / Branch Incharge with the request to circulate among the staff and faculty Members.
4. Head, CC with the request to upload the circular alongwith reimbursement form of on the DTU Website.
5. Circular File.

  
(Kuldeep Kumar Sarsar)  
Section Officer (Gen. Admn.), DTU



**DELHI TECHNOLOGICAL UNIVERSITY**  
General Administration

**REIMBURSEMENT FORM**

(Basic Facility-Hospitality)

Name of the Officer : \_\_\_\_\_

Department/Branch : \_\_\_\_\_

Designation with Deptt. : \_\_\_\_\_

S. No.	Month / period	Bill No. / Date	Bill Amount	Entitled per month	Remarks
1.					
2.					
3.					
4.					
<b>Total</b>					
Total Amount Claimed for above Months (Rs. in words ) _____ _____ from _____ to _____					

(Signature of the Employee)

Instructions: -

1. The applicant is required to send duly filled reimbursement form alongwith bills in the hard copy to GA Branch and also send the same via email in the soft copy (i.e. in word format) to [ga@dtu.ac.in](mailto:ga@dtu.ac.in)
2. The applicant is requested to submit all bills together should be duly verified.